

MONTHLY OPERATING REPORT

CHAPTER 11

CASE NAME: Debra Buchanan

CASE NUMBER: 18-02672-EE

For Period December 1, to December 31, 2018

THIS REPORT IS DUE 15 DAYS AFTER THE END OF THE MONTH. The debtor must attach each of the following forms unless the United States Trustee has waived the requirement in writing. File with the court and submit a paper copy to UST with an original signature.

Form Attached	Previously Waived	REQUIRED REPORTS/DOCUMENTS
(mark only one attached or waived)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Comparative Balance Sheet (FORM 2 B)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Profit and Loss Statement (FORM 2 C)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cash Receipts & Disbursements Statement (FORM 2 D)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Supporting Schedules (FORM 2 E)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Narrative (FORM 2 F)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Copies of Bank Statement(s) and Reconciliations of Bank Balance to Book Balance for all Account(s)

I declare under penalty of perjury that the following Monthly Operating Report and any attachments thereto, are true and correct to the best of my knowledge and belief.

Executed on: 01/11/2019
(date)

Debtor(s)*: Debra Buchanan



By:**

Position: Debtor

Name of preparer: Debra Buchanan

Telephone No. of Preparer 601-214-0163

* both debtors must sign if a joint petition

** for corporate or partnership debtor

CASE NAME: Debra Buchanan

CASE NUMBER: 18-02672-EE

COMPARATIVE BALANCE SHEET

	Filing Date	Month	Month	Month	Month	Month	Month
	7/10 - 7/31/18	8/1 - 8/31/18	9/1 - 9/30/18	10/1 - 10/31/18	11/1 - 11/30/18	12/1 - 12/31/18	
ASSETS:							
CURRENT ASSETS:							
Cash.....	See Below	See below	See below	See below	See below	See below	
Accounts Receivable, Net.....	N/A	N/A	N/A	N/A	N/A	N/A	
Inventory, at lower of cost or market.....	N/A	N/A	N/A	N/A	N/A	N/A	
Prepaid expenses & deposits.....	N/A	N/A	N/A	N/A	N/A	N/A	
Other	N/A	N/A	N/A	N/A	N/A	N/A	
TOTAL CURRENT ASSETS.....							
PROPERTY, PLANT & EQUIPMENT.....	N/A	N/A	N/A	N/A	N/A	N/A	
Less accumulated depreciation.....	N/A	N/A	N/A	N/A	N/A	N/A	
NET PROPERTY, PLANT & EQUIPMENT.....	N/A	N/A	N/A	N/A	N/A	N/A	
OTHER ASSETS							
See Schedules	\$893,657.00	\$893,657.00	\$893,657.00	\$893,657.00	\$893,657.00	\$893,657.00	
TOTAL OTHER ASSETS.....							
TOTAL ASSETS.....	\$893,657.00	\$893,657.00	\$893,657.00	\$893,657.00	\$893,657.00	\$893,657.00	

If assets are carried at historical cost on debtor's accounting records and debtor elects to show them as such on the monthly reports, note the change above and include remarks on FORM 2 F (Narrative). All subsequent reports must then carry these assets at that value. Do not use historical cost one month and fair market value the next.

FORM 2 B

Page 1 of 2

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CASE NAME: Nehra Buchanan

CASE NUMBER: 18-02672-EE

COMPARATIVE BALANCE SHEET

LIABILITIES:

POST PETITION LIABILITIES:

Taxes payable (Form 2 E, pg.1 of 3).....

Accounts payable (Form 2 E, pg.1 of 3).....

Other: Living Expenses

TOTAL POST PETITION LIABILITIES:.....

PRE PETITION LIABILITIES:

Notes payable secured.....

Priority debt.....

Unsecured debt.

Other

TOTAL LIABILITIES.....

EQUITY (DEFICIT)

PREFERRED STOCK.....

COMMON STOCK.....

RETAINED EARNINGS:

Through filing date.....

Post filing date.....

TOTAL EQUITY (NET WORTH).....

TOTAL LIABILITIES & EQUITY.....

[illegible]

CASE NAME: Debra Buchanan

CASE NUMBER: 18-02672-EE

PROFIT AND LOSS STATEMENT

	Month	Month	Month	Month	Month	Month
	7/10 - 7/31/18	8/1 - 8/31/18	9/1 - 9/30/18	10/1 - 10/31/18	11/1 - 11/30/18	12/1 - 12/31/18
NET REVENUE						
COST OF GOODS SOLD:						
Material.....	N/A	N/A	N/A	N/A	N/A	N/A
Labor Direct.....	N/A	N/A	N/A	N/A	N/A	N/A
Manufacturing Overhead.....	N/A	N/A	N/A	N/A	N/A	N/A
TOTAL COST OF GOODS SOLD:						
	\$2,854.17	\$6,498.98	\$2,436.00	\$3,027.30	\$3,695.00	\$2,495.00
GROSS PROFIT:						
	\$2,854.17	\$6,498.98	\$2,436.00	\$3,027.30	\$3,695.00	\$2,495.00
OPERATING EXPENSES:						
Selling and Marketing.....	N/A	N/A	N/A	N/A	N/A	N/A
General and Administrative (rents, utilities, salaries, etc.).....	N/A	N/A	N/A	N/A	N/A	N/A
Other/Living Expenses	\$2,808.00	\$5,800.45	\$2,702.88	\$2,287.89	\$2,127.82	\$1,482.26
TOTAL OPERATING EXPENSES.						
	N/A	N/A	N/A	N/A	N/A	N/A
INTEREST EXPENSE						
	N/A	N/A	N/A	N/A	N/A	N/A
INCOME BEFORE DEPRECIATION OR TAXES:						
	N/A	N/A	N/A	N/A	N/A	N/A
DEPRECIATION OR AMORTIZATION						
	N/A	N/A	N/A	N/A	N/A	N/A
EXTRAORDINARY EXPENSES *						
	N/A	N/A	N/A	N/A	N/A	N/A
INCOME TAX EXPENSE (BENEFIT)						
	N/A	N/A	N/A	N/A	N/A	N/A
NET INCOME (LOSS)						
	\$ 46.17	\$ 698.53	\$ - 399.46	\$ 739.41	\$1,567.18	\$1,012.74

* Requires explanation in NARRATIVE (Form 2 F)

CASE NAME: Debra BuchananCASE NUMBER: 18-02672-EE**CASH RECEIPTS AND DISBURSEMENTS STATEMENT**For Period 12/1 to 12/31, 2018**CASH RECONCILIATION**

1. Beginning Cash Balance (Ending Cash Balance from last month's report) \$ 1,567.18
2. Cash Receipts (total Cash Receipts from page 2 of all FORM 2-D's) \$ 2,495.00
3. Cash Disbursements (total Cash Disbursements from page 3 of all FORM 2-D's) \$ (1,482.26)
4. Net Cash Flow \$
5. Ending Cash Balance (to FORM 2-B) \$ 2,579.92

CASH SUMMARY - ENDING BALANCE

	<u>Amount*</u>	<u>Financial Institution</u>
1. Real Estate Account	<u>\$ N/A</u>	<u></u>
2. Trust Account	<u>\$ N/A</u>	<u></u>
3. Operating and/or Personal Account	<u>\$ 1,530.96</u>	<u>Wells Fargo</u>
4. Payroll Account	<u>\$ N/A</u>	<u></u>
5. Tax Account	<u>\$ N/A</u>	<u></u>
6. Other Accounts (Specify checking or savings)	<u>\$ N/A</u>	<u></u>
7. Cash Collateral Account	<u>\$ N/A</u>	<u></u>
8. Petty Cash	<u>\$ N/A</u>	<u></u>

TOTAL (must agree with line 5 above) \$

*These amounts should be equal to the previous month's balance for the account plus this month's receipts less this month's disbursements.

ADJUSTED CASH DISBURSEMENTS

Cash disbursements on Line 3 above less
inter-account transfers & UST fees paid \$ 1,482.26

*

* NOTE: This amount should be used to determine UST quarterly fees due and agree with Form 2-D, page 2 of 4.

CASE NAME: Debra BuchananCASE NUMBER: 18-02672-EE**QUARTERLY FEE SUMMARY**MONTH ENDED 12/31/2018

Payment Date	Cash Disbursements *	Quarterly Fee Due	Check No.	Date
January	\$ _____			
February	\$ _____			
March	\$ _____			
Total				
1st Quarter	\$ _____	\$ _____		
April	\$ _____			
May	\$ _____			
June	\$ _____			
Total				
2nd Quarter	\$ _____	\$ _____		
July	\$ <u>2,808.00</u>			
August	\$ <u>5,800.45</u>			
September	\$ <u>2,702.88</u>			
Total				
3rd Quarter	\$ <u>11,311.33</u>	\$ <u>325.00</u>		
October	\$ <u>2,287.89</u>			
November	\$ <u>2,127.82</u>			
December	\$ <u>1,482.26</u>			
Total				
4th Quarter	\$ <u>5,897.97</u>	\$ <u>325.00</u>		

DISBURSEMENT CATEGORY QUARTERLY FEE DUE

\$0 to \$14,999.99	\$325
\$15,000 to \$74,999.99	\$650
\$75,000 to \$149,999.99	\$975
\$150,000 to \$224,999.99	\$1,625
\$225,000 to \$299,999.99	\$1,950
\$300,000 to \$999,999.99	\$4,875
\$1,000,000 to \$1,999,999.99	\$6,500
\$2,000,000 to \$2,999,999.99	\$9,750
\$3,000,000 to \$4,999,999.99	\$10,400
\$5,000,000 to \$14,999,999.99	\$13,000
\$15,000,000 to \$29,999,999.99	\$20,000
\$30,000,000 or more	\$30,000

Note that a minimum payment of \$325 is due each quarter even if no disbursements are made in the case during the period.

* Note: should agree with "adjusted cash disbursements" at bottom of Form 2 D, Page 1 of 4. Disbursements are net of transfers to other debtor in possession bank accounts and net of payments of prior period quarterly fees.

CASE NAME: Debra BuchananCASE NUMBER: 18-02672-EE**CASH RECEIPTS AND DISBURSEMENTS STATEMENT**

(This form should be completed for each type of account listed on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period 12/1 to 12/31, 2018Account Name: Wells Fargo Account Number: **CASH RECEIPTS JOURNAL**

(attach additional sheets as necessary)

<u>Date</u>	<u>Description (Source)</u>	<u>Amount</u>
12/1/2018	Rental income	\$ 525.00
12/3/2018	Rental Income	700.00
12/5/2018	Rental Income	120.00
12/5/2018	Rental Income	650.00
12/5/2918	Rental Income	500.00

Total Cash Receipts \$ 2,495.00

CASE NAME: Debra BuchananCASE NUMBER: 18-02672-EE**CASH RECEIPTS AND DISBURSEMENTS STATEMENT**

(This form should be completed for each type of account listed on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period 12/1 to 12/31, 20 18Account Name: Wells Fargo Account Number: **CASH DISBURSEMENTS JOURNAL**
(attach additional sheets as necessary)

<u>Date</u>	<u>Check No.</u>	<u>Payee</u>	<u>Description (Purpose)*</u>	<u>Amount</u>
			Living Expenses	\$1,482.26

(Note: Please see attached list of bank transactions and income.)

Total Cash Disbursements \$ 1,486.26

*Identify any payments to professionals, owners, partners, shareholders, officers, directors or any insiders and all adequate protection payments ordered by the court with an asterisk or highlighting. Any payments made as a result of a court order, should indicate the order date.

Expenses Income
Debra A. Buchanan
Case# 18-02672-EE
December 1-31, 2018

DATE	*Payee	Purpose	Amount
12/1/2018	McDade's (inc. \$20 cash)	Groceries & cash	\$ 51.54
12/3/2018	Fred's	Household supplies, food	\$ 74.69
12/3/2018	Premier Pain Center (special visit, post ER)	Medical copay	\$ 60.00
12/3/2018	Shell gasoline	Auto gasoline	\$ 20.33
12/4/2018	Comcast Internet	Utilities	\$ 95.95
12/10/2018	Alfa Mutual Insurance	Auto insurance	\$ 113.93
12/12/2018	City Services (water)	Utilities	\$ 19.03
12/11/2018	Beemon Drugs	Medical copay	\$ 149.88
12/13/2018	Atmos Energy (gas)	Utilities	\$ 32.00
12/14/2018	Quinn Healthcare, PLLC ck# 103	Medical copay	\$ 18.14
12/14/2018	Diabetes & Endocrine Center	Medical copay	\$ 60.00
12/17/2018	Shell gasoline	Auto gasoline	\$ 31.50
12/19/2018	Shell gasoline (H'burg)	Auto gasoline	\$ 28.38
12/18/2018	Straight Talk	Phone	\$ 15.00
12/18/2018	Straight Talk (Phone)	Phone	\$ 38.23
12/18/2018	Entergy	Utilities	\$ 122.00
12/19/2018	J. R. Herrington, DMD ck# 104	Medical copay	\$ 52.00
12/21/2018	Smoothie King (shake mix)	Groceries	\$ 42.79
12/24/2018	McDade's (Xmas groceries)	Groceries	\$ 122.20
12/24/2018	Ambetter Ins premium for Jan. 2019	Medical insurance	\$ 115.12
12/28/2018	Fred's	Household supplies, food	\$ 38.74
12/31/2018	Quest Diagnostics (Premier Pain Ctr)	Medical copay	\$ 92.81
12/31/2018	Walmart.com	Household supplies, food	\$ 63.12
12/31/2018	Shell gasoline	Auto gasoline	\$ 24.88
TOTAL EXPENSES - Wells Fargo DIP Account			\$ 1,482.26

INCOME for Dec. 1-31, 2018			
DATE	Payor	Amount	
12/1/2018	HUD rental income - 940 Garvin	\$ 525.00	
12/5/2018	HUD rental income (335 Cummins)	\$ 820.00	
12/5/2018	Rental income 1828 Elaine Street	\$ 650.00	
12/5/2018	Rental income 2534 Shepwood Dr	\$ 500.00	
TOTAL REVENUE		\$ 2,495.00	

CASE NAME: Debra Buchanan

CASE NUMBER: 18-02672-EE

SUPPORTING SCHEDULES

For Period 12/1 to 12/31 , 20 18

POST-PETITION ACCOUNTS PAYABLE AGING REPORT

TYPE	INCURRED	DUE	0-30	31-60	61-90	OVER 90
FITW	N/A		\$	\$	\$	\$
FICA	N/A					
FUTA	N/A					
SITW	N/A					
SUTA	N/A					
OTHER TAX	N/A					
TRADE PAYABLES	N/A					
OTHER						
TOTALS			\$	\$	\$	\$

CASE NAME: Debra Buchanan CASE NUMBER: 18-02672-EE

SUPPORTING SCHEDULES

For Period 12/1 to 12/31, 2018

INSURANCE SCHEDULE

<u>Type</u>	<u>Carrier/Agent</u>	<u>Coverage (\$)</u>	<u>Date of Expiration</u>	<u>Premium Paid</u>
Workers' Compensation	<u>N/A</u>	<u></u>	<u></u>	<u></u>
General Liability	<u>State Farm</u>	<u>\$100,000.00</u>	<u>3/27/19</u>	<u></u>
Property (Fire, Theft)	<u>State Farm</u>	<u>\$257,890.00</u>	<u>3/27/19</u>	<u></u>
Vehicle	<u>Alfa</u>	<u></u>	<u>5/08/19</u>	<u></u>
Other (list):				
<u>N/A</u>	<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>	<u></u>

(1) Attach copy of certificate of insurance or declaration page of policy for any coverage renewed or replaced during the current reporting month.

(2) For the premium paid column enter "yes" if payment of premium is current or "no" if premium payment is delinquent. If "no", explain on Form 2-F, Narrative.

CASE NAME: Debra Buchanan

CASE NUMBER: 18-02672-EE

NARRATIVE STATEMENT

For Period 12/1 to 12/31, 20 18

Please provide a brief description of the significant business and legal action by the debtor, its creditors or the court during the reporting period. Comments should include any change in bank accounts, explanation of extraordinary expenses, and purpose of any new post-petition financing. Comments should also include debtor's efforts during the month to rehabilitate the business and to develop a plan.

Wells Fargo Opportunity CheckingSM

Account number:) ■ December 1, 2018 - December 31, 2018 ■ Page 1 of 5



DEBRA A BUCHANAN
 DEBTOR IN POSSESSION
 CH 11 CASE #18-02672 (MS)
 972 GARVIN ST
 JACKSON MS 39206-5020

Questions?

Available by phone 24 hours a day, 7 days a week:
 Telecommunications Relay Services calls accepted

1-800-TO-WELLS (1-800-869-3557)

TTY: 1-800-877-4833

En español: 1-877-727-2932

華語 1-800-288-2288 (6 am to 7 pm PT, M-F)

Online: wells Fargo.com

Write: Wells Fargo Bank, N.A. (337)
 P.O. Box 6995
 Portland, OR 97228-6995

You and Wells Fargo

Thank you for being a loyal Wells Fargo customer. We value your trust in our company and look forward to continuing to serve you with your financial needs.

Account options

A check mark in the box indicates you have these convenient services with your account(s). Go to wells Fargo.com or call the number above if you have questions or if you would like to add new services.

Online Banking	<input checked="" type="checkbox"/>	Direct Deposit	<input type="checkbox"/>
Online Bill Pay	<input checked="" type="checkbox"/>	Auto Transfer/Payment	<input type="checkbox"/>
Online Statements	<input checked="" type="checkbox"/>	Overdraft Protection	<input type="checkbox"/>
Mobile Banking	<input checked="" type="checkbox"/>	Debit Card	<input type="checkbox"/>
My Spending Report	<input checked="" type="checkbox"/>	Overdraft Service	<input type="checkbox"/>

Activity summary

Beginning balance on 12/1	\$1,253.75
Deposits/Additions	1,500.00
Withdrawals/Subtractions	- 1,222.79
Ending balance on 12/31	\$1,530.96

Account number:

DEBRA A BUCHANAN
DEBTOR IN POSSESSION
CH 11 CASE #18-02672 (MS)

Mississippi account terms and conditions apply

For Direct Deposit use
 Routing Number (RTN): 062203751

Overdraft Protection

This account is not currently covered by Overdraft Protection. If you would like more information regarding Overdraft Protection and eligibility requirements please call the number listed on your statement or visit your Wells Fargo store.

Account number: _____

■ December 1, 2018 - December 31, 2018 ■ Page 2 of 5



Transaction history

Date	Check Number	Description	Deposits/ Additions	Withdrawals/ Subtractions	Ending daily balance
12/3		Purchase authorized on 12/02 Shell Service Station Jackson MS P00588336819879343 Card 5711		20.33	
12/3		Purchase authorized on 12/03 Fred's Jackson MS P00000000731507234 Card 5711		74.69	1,156.73
12/4		Purchase authorized on 12/03 Premier Pain Care Jackson MS S588337759282000 Card 5711		60.00	
12/4		Bill Pay Comcast on-Line xxxxxxxx83183 on 12-04		95.95	1,002.78
12/10		Alfa Mutual Ins EFT Pymts 181207 50001613795 Buchanan Debra		113.93	888.85
12/11		Bill Pay Pharmacy on-Line 60 on 12-11		149.88	738.97
12/12		Deposit Made In A Branch/Store	1,500.00		
12/12		Bill Pay City Services on-Line xxxxx00000 on 12-12		19.03	2,219.94
12/13		Bill Pay Gas on-Line xxxxxx71093 on 12-13		32.00	2,187.94
12/14		Purchase authorized on 12/13 Diabetes Endocrine Flowood MS S588347719022931 Card 5711		60.00	
12/14	103	Check		18.14	2,109.80
12/17		Purchase authorized on 12/15 Shell Service Station Jackson MS P00468350099549657 Card 5711		31.50	2,078.30
12/18		Recurring Payment authorized on 12/16 Straighttalk*Servi 877-430-2355 FL S468350434777247 Card 5711		38.23	
12/18		Recurring Payment authorized on 12/16 Straighttalk*Servi 877-430-2355 FL S588350483157414 Card 5711		15.00	
12/18		Entergy Services Bill Pay 7770106590538 Debra A Buchanan		122.00	1,903.07
12/19		Purchase authorized on 12/18 Shell Service Station Hattiesburg MS P00388353189337219 Card 5711		28.38	1,874.69
12/21		Purchase authorized on 12/20 Smoothie King #107 Jackson Hinds MS S468354597058526 Card 5711		42.79	1,831.90
12/24		Purchase authorized on 12/22 McDade's Market Jackson MS P00000000679617941 Card 5711		122.20	
12/24		Purchase authorized on 12/23 Eq1*Ambetter 866-5498038 MO S308357782993276 Card 5711		115.12	1,594.58
12/28		Purchase authorized on 12/28 Fred's Jackson MS P00000000735549217 Card 5711		38.74	1,555.84
12/31		Purchase authorized on 12/31 Shell Service Station Jackson MS P00588365592077984 Card 5711		24.88	1,530.96
Ending balance on 12/31					1,530.96
Totals			\$1,500.00	\$1,222.79	

The Ending Daily Balance does not reflect any pending withdrawals or holds on deposited funds that may have been outstanding on your account when your transactions posted. If you had insufficient available funds when a transaction posted, fees may have been assessed.

Summary of checks written (checks listed are also displayed in the preceding Transaction history)

Number	Date	Amount
103	12/14	18.14

Monthly service fee summary

For a complete list of fees and detailed account information, see the Wells Fargo Account Fee and Information Schedule and Account Agreement applicable to your account (EasyPay Card Terms and Conditions for prepaid cards) or talk to a banker. Go to wellsfargo.com/feefaq for a link to these documents, and answers to common monthly service fee questions.

Fee period 12/01/2018 - 12/31/2018	Standard monthly service fee \$10.00	You paid \$0.00
How to avoid the monthly service fee	Minimum required	This fee period
Have any ONE of the following account requirements		
• Minimum daily balance	\$1,500.00	\$738.97 <input type="checkbox"/>